

Subject not in custody at time of death

**REPORT OF INMATE DEATH**  
**G.S. 153A-225 AND RULE .1102, 10A NCAC 14J**

TO BE FILED WITHIN 5 DAYS OF THE DEATH OF AN INMATE IN A LOCAL CONFINEMENT FACILITY. MAIL THE ORIGINAL COPY TO THE LOCAL OR DISTRICT HEALTH DIRECTOR, SEND THE SECOND COPY TO:

NCDHHS/DHSR/JAIL AND DETENTION SECTION  
2710 MAIL SERVICE CENTER  
RALEIGH, NC 27699-2710

NAME OF INMATE Neville, John Elliott  
(LAST) (FIRST) (MIDDLE)

NAME OF LOCAL CONFINEMENT FACILITY Forsyth County Detention Center

ADDRESS OF LOCAL CONFINEMENT FACILITY 201 N Church, Winston Salem  
(COUNTY) (CITY, STATE)

INMATE DATE OF BIRTH 03/25/1963 RACE B SEX M

DATE OF DEATH 12/04/19 PLACE OF DEATH-JAIL XXX  
OTHER       

TIME OF DEATH 0922 AM        PM  
(PLEASE SPECIFY TIME IN REGULAR HOURS/MINUTES-NOT MILITARY TIME)

CAUSE OF DEATH- SUICIDE        NATURAL         
OTHER (PLEASE SPECIFY) Unknown  
(IF SUICIDE, WHAT MEANS WAS USED TO COMMIT SUICIDE?       )  
(SHEET, SHIRT, BELT, ETC.) (BE SPECIFIC AS POSSIBLE.)

INMATE COMMITTED TO THE JAIL-DATE 12/1/16 TIME 0352

~~WERE~~ THE CHARGES-ALCOHOL RELATED: YES        NO XX  
DRUG RELATED       

TRIAL STATUS- UNTRIED XXX SENTENCED TO JAIL         
AWAITING TRANSFER TO PRISON         
OTHER       

TIME OF LAST SUPERVISION ROUND (INMATE ALIVE) (INDICATE REGULAR NOT MILITARY TIME)

       AM        PM DATE        JAILERS NAME       

TIME OF LAST SUPERVISION ROUND (INMATE FOUND IN DISTRESS OR DEAD)

       AM        PM DATE        JAILERS NAME       

NAME OF MEDICAL EXAMINER OR CORONER         
WAS A MEDICAL PROFESSIONAL IN ATTENDANCE AT THE TIME OF DEATH  
YES XXX NO       

DATE OF REPORT 12/06/19

SIGNATURE OF JAILER OR SUPERVISOR OF LOCAL CONFINEMENT FACILITY

REDACTED

REPORT SUBMITTED BY Major R.E Slater DATE 12-06-19

DHHS DHSR 8001 (Rev. 10/08)